

| Revenue | Federal (TANF) |
|-----------------|----------------|
| Revenue Request | \$ 16,562.06 |

Indirect Administrative Costs Calculations

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)

| | |
|----------------------------------------------------|-------|
| Application Base: | \$ - |
| Federally Negotiated Indirect Cost Rate (FNICR): % | 0.00% |
| Total Indirect Administrative Costs | \$ - |

OR

Option 2: 10% De Minimus (use if no FNICR)

| | |
|-------------------------------------------------------------|-------------|
| Application Base: Modified Total Direct Administrative Cost | \$ - |
| | 10% |
| Total Indirect Administrative Costs | \$ 1,443.90 |

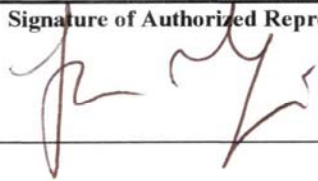
| Direct Administrative Costs | Federal (TANF) |
|------------------------------------------------------|----------------|
| Program Salaries and Wages | \$ 9,897.01 |
| Employee Benefits | \$ - |
| Employee Travel | \$ - |
| Employee Training | \$ - |
| Office Rent/Space | \$ 1,776.00 |
| Office Utilities | \$ 860.05 |
| Facility Insurance | \$ 1,371.50 |
| Office Supplies (under \$5,000) | \$ 80.75 |
| Equipment (Capitol Equipment over \$5,000 threshold) | \$ - |
| Office Communications | \$ 147.96 |
| Office Repairs and Maintenance | \$ 305.72 |
| Contract/Consulting | \$ - |
| Other (list): | \$ - |
| (add other categories as needed) | \$ - |
| Total Direct Administrative Cost | \$ 14,438.99 |

Less:

| | |
|------------------------------------------------------------------------|--------------|
| Equipment (Capital Equipment over the \$5,000 threshold) | 0 |
| Contracting/Consulting (amount of each contract service over \$25,000) | 0 |
| Other based on definition | 0 |
| Modified Total Direct Administrative Cost | \$ 14,438.99 |

| Participant Services | Federal (TANF) |
|--------------------------------|----------------|
| Transportation | \$ - |
| Job Training | \$ - |
| Tuition Assistance | \$ - |
| Contracted Residential Care | \$ - |
| Utility Assistance | \$ 246.77 |
| Emergency Shelter | \$ 279.30 |
| Housing Assistance | \$ - |
| Prescription Assistance | \$ 68.90 |
| Maternity Clothing | \$ 84.20 |
| Total Participant Costs | \$ 679.17 |

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

| | |
|-------------------------------------------------------------------------------------|---------|
| Signature of Authorized Representative of Faith Maternity Care | Date |
|  | 3-31-17 |